

**MAYOR ADRIAN M. FENTY'S
2010 SUMMER YOUTH EMPLOYMENT PROGRAM**

TRANSFER REQUEST FORM

Enrollee Name: _____ SSN (last four digits): XXX – XX – ____ _
Date: _____ Host Agency: _____
Worksite Name: _____ Worksite Supervisor Name: _____
Enrollee's Position: _____

Please check the box indicating the reason for the worksite transfer.

- ☐ Safety issue (must have a police report, where applicable)
- ☐ Health concerns (a doctor's statement indicating the reason why tasks can't be performed)
- ☐ Site closure
- ☐ Other

Please provide a detailed explanation supporting your transfer request. You may include attachments. Please note that failure to provide supporting documentation regarding your transfer request, will result in an immediate rejection.

DO NOT WRITE BELOW THIS LINE

<i>Transfer request has been</i>			
<input type="checkbox"/> <i>APPROVED</i>		<input type="checkbox"/> <i>DENIED</i>	
_____ <i>(Youth Name)</i>	<i>has been transferred to</i>	_____ <i>(Host Agency)</i>	
_____ <i>(Worksite)</i>	<i>and will report to _____ at</i> <i>(Worksite Supervisor)</i>		
_____ <i>(Worksite Address)</i>		<i>on</i>	_____ <i>(Date)</i>
<i>Staff Signature</i> _____		<i>Date</i> _____	